



09-16-04

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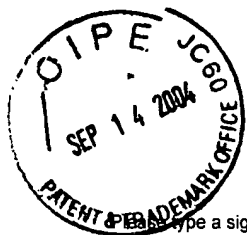
PTO/SB/21 (05-03)
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/822,873 |
| | | Filing Date | April 13, 2004 |
| | | First Named Inventor | HENDERSON, DANIEL R. |
| | | Group Art Unit | 1632 |
| | | Examiner Name | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | CELL-004CON2 |
| ENCLOSURES (check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Copy of Power of Attorney 2. Correspondence Address Form 3. Postcard | Remarks |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Signing Attorney/Agent (Reg. No.) | PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP | | |
| Signature | | | |
| Date | September 14, 2004 | | |

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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PTO/SB/121 (10-00)

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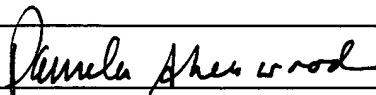
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OR

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s):

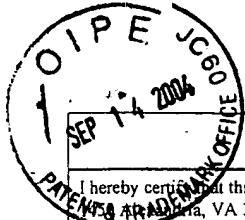
| Patent Number (if appropriate) | Application Number | Patent Date (if appropriate) | U.S. Filing Date |
|-----------------------------------|--------------------|---------------------------------|------------------|
| | 10/822,873 | | April 13, 2004 |

| | | |
|---|---|---|
| Typed or Printed Name | Pamela J. Sherwood | <p>(check one)</p> <p><input type="checkbox"/> Applicant or Patentee</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or Agent of Record 36,677 (Reg. No.)</p> |
| Signature |  | |
| Date | September 14, 2004 | |
| Address of Signer: BOZICEVIC, FIELD & FRANCIS, LLP 1900 University Circle, Suite 200 East Palo Alto, California 94303 | | |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *

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Typed or Printed Name Susan M. Alessi

Signature

Date July 14, 2004

**REVOCATION OF POWER OF
ATTORNEY/POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Attorney Docket

CELL-004CON2

First Named Inventor

HENDERSON, DANIEL R.

Application Number

10/822,873

Filing Date

April 13, 2004

Group Art Unit

Examiner Name

Title: "TISSUE SPECIFIC ADENOVIRAL VECTORS"

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners at:

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24353

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whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.

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STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR § 3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignments are being filed herewith for Recordation.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code § 1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

- ☐ Applicant; or
☐ Assignee of record of the entire interest
☒ Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of Record

Name Pamela J. Sherwood

Signature

Date

July 14, 2004